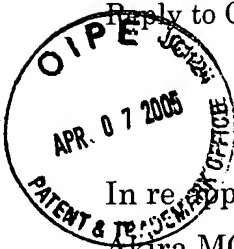


Appl. No. 10/637,224
Amdt. Dated April 5, 2005
Reply to Office Action of January 5, 2005

Attorney Docket No. 81754.0098
Customer No. 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Akira MORITA

Serial No. 10/637,224

Confirmation No. 3346

Filed: August 8, 2003

For: Signal Supply Apparatus and Method
for Examining the Same, and
Semiconductor Device, Electro-
Optical Apparatus and Electronic
Apparatus Using the Same

Art Unit: 2858

Examiner: Nguyen, Vincent Q

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Alexandria, VA 22313-1450

April 5, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis
Signature

04/05/05

Date

AMENDMENT

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated April 5, 2005, please amend this
application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



Attorney Docket No. 81754.0098

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Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items:

- ☒ Request For Continued Examination (RCE) Transmittal.
- ☒ Amendment.
- ☒ Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-20	20 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	10	-3	10 ***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: April 5, 2005

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By:

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